

Health and Human Services

PUBLIC 137 **An Act To Ensure Continued Federal Funding of the Maine**
EMERGENCY **Developmental Disabilities Council**

LD 388

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WEBSTER MARTIN	OTP-AM	H-207

Public Law 2005, chapter 137 authorizes the Maine Developmental Disabilities Council to be the designated state agency for the purposes of the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000.

Public Law 2005, chapter 137 was enacted as an emergency measure effective May 20, 2005.

PUBLIC 140 **An Act To Authorize Certain Campers To Self-administer**
EMERGENCY **Emergency Medication**

LD 52

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BARSTOW COWGER	OTP-AM	H-237

Public Law 2005, chapter 140 requires recreational camps for boys and girls to have policies regarding emergency medications and requires medication be readily available to the camper. The law requires the Department of Health and Human Services to adopt routine technical rules.

Public Law 2005, chapter 140 was enacted as an emergency measure effective May 20, 2005.

PUBLIC 145 **An Act To Make an Exception to the Law Regarding Licensing of**
EMERGENCY **Fair Vendors Selling Tobacco Products**

LD 941

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
RICHARDSON M	OTP-AM	H-326

Public Law 2005, chapter 145 requires a person who sells tobacco products at agricultural fairs, festivals or exhibitions to obtain only one license during the fair season, a seasonal mobile tobacco vendor license that includes the specific name, dates and location of each agricultural fair, festival and exhibition at which the license authorizes the licensee to operate. The law also establishes a fee of \$10 for each cart that a person operates during a fair season in addition to the \$50 license fee. The law also defines a "seasonal mobile tobacco vendor" as a person who sells tobacco products at more than one location during a fair season. The law requires the Department of Health and Human Services to consider the size of the retail establishment to be the square footage of the vending equipment located on the premises when determining the fee.

Public Law 2005, chapter 145 was enacted as an emergency measure effective May 20, 2005.

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**PUBLIC 165 An Act To Establish a Program for the Purchase of Prescription
Drugs from out of the Country for the Elderly and Disabled**

LD 494

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CAMPBELL MAYO	OTP-AM	H-327

Public Law 2005, chapter 165 requires the Department of Health and Human Services to establish a prescription drug program to provide access to drugs from out of the State and out of the country for residents who are elderly or have disabilities. The program allows access to brand-name drugs in original sealed packaging. The program does not provide access to habit-forming drugs for the alleviation of pain or antibiotics for acute illnesses. The program requires the patient to show evidence of use of a pharmacist licensed in the State to coordinate all prescriptions and prevent harmful drug interactions. The program includes a procedure for random testing. The law includes authority to adopt rules, which are designated as routine technical rules. The law requires the program to operate in conformance with federal and state law and rule and authorizes it to operate when permitted by federal law or under a federal waiver. The law requires the Department of Health and Human Services to specifically approve the use of any pharmacy outside the country that is used by the program.

**PUBLIC 208 An Act Guaranteeing Freedom of Choice Regarding the
Disposition of One's Own Organs**

LD 107

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FAIRCLOTH	OTP	

Public Law 2005, chapter 208 repeals the law that allows the next of kin to a person who has expressed intent to donate that person's own body organ or tissue after death to override the intention of that person. It also repeals the provision of law that requires that a donor card be signed in the presence of 2 witnesses who must sign the donor card in the presence of the donor. The law also clarifies that a person may donate that person's own body organ or tissue after death by way of a will, a donor card, an electronic donor registry or a driver's license on which a designation is made by organ donor decal, code or notation.

PUBLIC 223 An Act To Discourage Further the Sale of Tobacco to Minors

LD 885

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TURNER	OTP-AM MAJ ONTP MIN	S-172

Public Law 2005, chapter 223 prohibits minors from entering tobacco specialty shops, imposes the same restrictions on who may sell tobacco products in retail establishments as are currently imposed for the retail sale of alcohol, redirects revenue from fines assessed by the courts for underage tobacco sales from the Criminal Justice Academy to the Office of the Attorney General and corrects an accounting inconsistency created when

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retail tobacco license fees were redirected to the General Fund in 2004. The law specifies that a person under 18 years of age is permitted to enter a tobacco specialty store if accompanied by a parent or legal guardian.

PUBLIC 227 An Act To Postpone the Repeal Date on Nonhospital Expenditures LD 742
in the Capital Investment Fund

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TURNER SHIELDS	OTP-AM	S-179

Public Law 2005, chapter 227 changes the repeal date established in the Dirigo Health laws for setting aside 12.5% of the capital investment fund, the annual limit established for expenditures approved through the certificate of need program, for nonhospital projects to 2008.

PUBLIC 229 An Act To Designate the Department of Health and Human LD 741
Services as the Official State Agency Responsible for Programs for
Persons Affected by Brain Injury

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARTIN	OTP-AM	S-171

Public Law 2005, chapter 229 requires the Commissioner of Health and Human Services to provide recommendations to the Joint Standing Committee on Health and Human Services by January 16, 2006 on the most appropriate method for creating a permanent, effective and coordinated system within the Department of Health and Human Services for advising the commissioner and the department on all matters pertaining to the administration and provision of services and programs for persons with acquired brain injury and their families.

PUBLIC 231 An Act To Monitor and Maintain Maximum Levels of Assistance LD 367
in the General Assistance Program

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN PINGREE	OTP	

Public Law 2005, chapter 231 requires that beginning October 2005 and annually thereafter, the aggregate maximum level of general assistance must be established at the greater of 110% of the fair market rents or the amount achieved by annually increasing the most recent aggregate maximum level of general assistance by the percentage increase in the federal poverty level of the current year over the prior year.

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**PUBLIC 236 An Act To Rename the Bangor Mental Health Institute the
Dorothea Dix Psychiatric Center and To Establish the Dorothea
Dix Award**

LD 561

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
FAIRCLOTH	OTP-AM MAJ	H-349
PERRY J	ONTP MIN	

Public Law 2005, chapter 236 changes the name of the Bangor Mental Health Institute to the Dorothea Dix Psychiatric Center and makes minor changes in the annual award of the Dorothea Dix Award. In addition, the law authorizes the revision of references to the Augusta Mental Health Institute, which was renamed in 2003.

**PUBLIC 241 An Act To Reduce Costs Caused by New Procedure Changes for
Health Care Providers**

LD 480

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GLYNN	OTP-AM	H-341

Public Law 2005, chapter 241 provides for a 30 day period during which nonemergency rules adopted by the Department of Health and Human Services pertaining to process or procedural changes for licensed health care providers do not take effect after adoption. The law does not apply to any rule affecting reimbursement rates applicable to those providers.

**PUBLIC 242 An Act To Amend the Laws Governing Reimbursement of Nursing
Facilities and Nursing Home Admission Contracts**

LD 1483

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARTIN	OTP-AM	S-211

Public Law 2005, chapter 242 raises the cap on the medical director's salary to \$10,000 for a nursing facility or a private nonmedical institution that receives reimbursement through the MaineCare program. That amount is subject to an annual cost-of-living adjustment.

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**PUBLIC 249 An Act To Require the Disclosure of Certain Financial
Information from Hospitals and Their Affiliates**

LD 725

Sponsor(s)
CANAVAN
MAYO

Committee Report
OTP-AM

Amendments Adopted
H-339

Public Law 2005, requires the annual public disclosure of federal Internal Revenue Service Form 990 for each hospital and for each tax-exempt entity related to that hospital that is required by federal law to submit that form to the Internal Revenue Service. The law also requires hospitals to annually publicly disclose the federal Internal Revenue Service Form 1120 for each for-profit corporation in which the hospital has a controlling interest. This information must be submitted annually to the Department of Health and Human Services, which must make the information available to the public for inspection and photocopying and must post the information on its public website.

PUBLIC 252 An Act Regarding Possession of Prescription Drugs

LD 630

Sponsor(s)
BISHOP
MAYO

Committee Report
OTP-AM

Amendments Adopted
H-358

Public Law 2005, chapter 252 allows a prescription drug prescribed for a person to be kept outside of the container in which it was dispensed and defines the words "when in use" in the drug laws. It provides an affirmative defense to certain drug prosecutions for a person who holds a valid prescription and who intends to use the drug for legitimate medical use in conformity with the instructions.

**PUBLIC 253 An Act To Amend the Maine Health Data Organization Statutes
EMERGENCY and To Extend the Operation of the Maine Health Data Processing
Center**

LD 1359

Sponsor(s)
PINGREE

Committee Report
OTP-AM

Amendments Adopted
H-422

Public Law 2005, chapter 253 extends the statutory authority of the Maine Health Data Processing Center from September 1, 2005 to September 1, 2009.

Public Law 2005, chapter 253 was enacted as emergency measure effective May 31, 2005.

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PUBLIC 256 **An Act To Permit the Department of Health and Human Services
To Charge Fees to Homestead Facility Residents** **LD 1492**

<u>Sponsor(s)</u> LERMAN	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-423
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Public Law 2005, chapter 256 includes the Homestead facility at the Riverview Psychiatric Center in Augusta among state institutions for which the Commissioner of Health and Human Services is directed to establish charges for the care and treatment of residents.

PUBLIC 257 **An Act To Protect Public Health by Clarifying the Laws
Regarding Smoking in Public Places** **LD 1156**

<u>Sponsor(s)</u> WALCOTT MAYO	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-421
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Public Law 2005, chapter 257 clarifies certain definitions in the law governing smoking in public places, tightens the restrictions regarding exposure of children to secondhand smoke in day care facilities, removes the exemption for privately chartered buses, expands the application of the provision prohibiting retaliation, increases the range of fines that may be imposed for violation of the law and adds an enforcement provision to the law that is consistent with enforcement provisions in other tobacco-related statutes. It changes the penalty structure proposed in the bill by reducing the proposed new maximum fine for violations of the smoking laws from \$2,500 to \$1,500 and applies that maximum fine only in instances where there is a pattern of violations.

PUBLIC 286 **An Act Pertaining to Reporting of Prescription Drug Advertising
Costs** **LD 1539**

<u>Sponsor(s)</u> BRENNAN FISCHER	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> S-210
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Public Law 2005, chapter 286 delays implementation of the deadline for filing reports regarding marketing activities by pharmaceutical manufacturers. The law also clarifies that the Department of Health and Human Services may disclose that information to a contractor that provides services to the department under the laws requiring those reports, but specifies that such disclosure does not change the confidential status of the information.

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**PUBLIC 297
EMERGENCY**

An Act Regarding the Unused Pharmaceutical Disposal Program

LD 1644

Sponsor(s)

Committee Report

Amendments Adopted

H-426 PINGREE

Public Law 2005, chapter 297 allows the acceptance into the Unused Pharmaceutical Disposal Program Fund of public funds that are not General Fund funds and changes the beginning date of the program from July 1, 2005 to July 1, 2006. The law requires that the program operate with funding only from the Unused Pharmaceutical Disposal Program Fund and establishes the procedure for notification to the State Budget Officer that funding has been procured. The law authorizes operation of the program for 2 years when funding for 2 years has been procured.

Public Law 2005, chapter 297 was enacted as an emergency measure effective June 2, 2005.

PUBLIC 309

**An Act To Implement the Recommendations of the Legislative
Youth Advisory Council**

LD 1136

Sponsor(s)

Committee Report

OTP

Amendments Adopted

Public Law 2005, chapter 309 was submitted by the Legislative Youth Advisory Council. It directs the Department of Health and Human Services to develop a standard form to be used to indicate approval by the department for children in the custody of the department to participate in school sports, field trips and other extracurricular activities.

PUBLIC 327

**An Act To Ensure an Adequate Supply of a Skilled Health Care
Workforce**

LD 892

Sponsor(s)

WESTON
CURLEY

Committee Report

OTP-AM

Amendments Adopted

S-241

Public Law 2005, chapter 327 directs the Department of Labor to compile and post on-line a report on health care occupations. It requires that certain licensed, registered and certified health care workers receive a voluntary survey to allow the collection of data on health care occupations. It adds a representative of the Department of Labor to the health workforce forum established in the Maine Revised Statutes, Title 22, section 257. It directs the Department of Health and Human Services to post on its website its recommendations based on its review of the health workforce forum's report. The law directs the Department of Health and Human Services to contract with the Department of Labor and others as appropriate to undertake the research described in the bill using existing federal emergency management funds. It directs both departments to seek additional public and private funds to continue the research and to report on those efforts to the Joint Standing Committee

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on Health and Human Services at the first meeting of that committee held between October 1, 2005 and December 31, 2005.

PUBLIC 338	An Act To Promote Parity in the Laws Governing Smoking in the Workplace	LD 886
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<u>Sponsor(s)</u> TURNER	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> S-261
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Public Law 2005, chapter 338 clarifies that enclosed areas of workplaces that are open to the public are governed by the public places smoking laws; increases the range of fines that may be imposed for violation of the Workplace Smoking Act of 1985; adds an enforcement provision to the law that is consistent with enforcement provisions in other tobacco-related statutes; and repeals the provision that exempts workplaces from the Workplace Smoking Act of 1985 if the employer and all employees agree to do so.

The law allows for fines of up to \$1,500 for each violation of the workplace smoking laws in cases where the employer has engaged in a pattern of conduct that demonstrates a lack of good faith in complying with those laws, and allows the Attorney General to seek injunctive relief, including a preliminary or final injunction and fines, penalties and equitable relief, or to seek to prevent or restrain violations of those laws.

The law also limits the "opt-out" provision under current workplace smoking laws to federally chartered veterans' service organizations and to private clubs in existence prior to January 1, 2004. The law retains provisions in current law that require the mutual agreement of the employer and all the employees to allow smoking in those facilities, but adds the requirements that they also have a written procedure ensuring that only the employer and employees, members and invited guests accompanied by a member are allowed entry and that they demonstrate, by a written secret ballot vote taken at least once every 3 years, that a majority of the membership has voted to allow smoking.

PUBLIC 342	An Act To Restore Fair MaineCare Payments to Critical Access Hospitals	LD 694
EMERGENCY		

<u>Sponsor(s)</u> DAVIS P AUSTIN	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> S-262
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Public Law 2005, chapter 342 requires the Department of Health and Human Services to allocate from hospital tax revenues under the Maine Revised Statutes, Title 36, chapter 375, \$1,000,000 in state and federal funds that must be distributed annually among critical access hospitals for staff enhancement payments. The law also provides that the provisions of Title 22, section 1714-B are subject to approval from the federal Centers for Medicare and Medicaid Services.

Public Law 2005, chapter 342 was enacted as an emergency measure effective June 8, 2005.

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PUBLIC 343 An Act To Improve Access to Affordable Prescription Drugs

LD 1324

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRAUTIGAM MAYO	OTP-AM	H-571

Public Law 2005, chapter 343 amends the Pharmaceutical Cost Management Council to add 3 consumer members, changes the parameters of the council to duties and adds to those duties coordinating and exchanging information, examining cost containment tools and reporting to the joint standing committee of the Legislature having jurisdiction over health and human services matters by February 1, 2006.

PUBLIC 359 An Act To Allow Nurse Practitioners To Sign Death Certificates EMERGENCY

LD 1568

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PINKHAM	OTP-AM	H-594

Public Law 2005, chapter 359 authorizes a certified nurse midwife or a nurse practitioner who is present at a death or after a death to sign a death certificate in the case of the death of a patient in the care of the nurse practitioner or in the case of the death of a patient whose recent medical condition is known to the nurse practitioner.

Public Law 2005, chapter 359 was enacted as an emergency measure effective June 9, 2005.

PUBLIC 362 An Act To Clarify the Smoking Ban for Off-track Betting Facilities

LD 1186

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
HOTHAM	ONTP MAJ OTP-AM MIN	H-528

Public Law 2005, chapter 362 clarifies the ban on smoking in off-track betting and simulcast racing facilities licensed after June 30, 2003, allowing existing facilities to move or be sold without losing their exemption from the smoking ban. The law allows off-track betting facilities and simulcast racing facilities that were in operation on June 30, 2003 to be purchased or moved to a new location within the same municipality without losing their exemption from the laws prohibiting smoking in public places. The law places limits on the size of the smoking area in the newly purchased or relocated off-track betting or simulcast racing facilities, prohibits slot machines from those facilities and requires that the off-track betting or simulcast racing facility be in a separately enclosed area.

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**PUBLIC 369 An Act To Further Coordinate the Laws Regarding Certificate of
Need, the State Health Plan and the Capital Investment Fund**

LD 1401

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN MILLETT	OTP	S-333

Public Law 2005, chapter 369 provides coordination among the State Health Plan and the capital investment fund, adopted by the Governor under the Maine Revised Statutes, Title 2, chapter 5, and the certificate of need process under Title 22, chapter 103-A. It clarifies that the capital investment fund serves as a limit for allocating resources under the certificate of need program. It specifies that demographic, health care service and health care cost data must be used by the Governor in drafting the State Health Plan. It requires that the State Health Plan be consistent with the requirements of the certificate of need program. It requires review of the process for the development of the State Health Plan and the plan itself by the joint standing committee of the Legislature having jurisdiction over health and human services matters prior to its being finalized and issued by the Governor. It clarifies that the biennial State Health Plan must be issued by December 1, 2005 and every 2 years thereafter. It specifies that demographic, health care service and health care cost data must be used by the Commissioner of Health and Human Services in making determinations regarding issuance of certificates of need.

PUBLIC 372 An Act To Establish Permanent Subsidized Guardianship

LD 1382

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ROSEN R SOCKALEXIS	OTP-AM	S-305

Public Law 2005, chapter 372 adds the concept of permanent legal guardianship to the dispositional alternatives available to District Courts under the Maine Revised Statutes, Title 22. This concept would allow relatives and other parties to be awarded permanent legal guardianship of children subject to child protection orders and actions and allow payment of a guardianship subsidy for special needs children who have been in the custody of the State or for Native American children in the custody of the tribe who move into a permanent legal guardianship status. It establishes a guardianship subsidy for special needs children placed under permanency guardianship by the District Court.

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PUBLIC 373 An Act To Ensure Adequate Health Care for Children

LD 482

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DUDLEY STRIMLING	OTP-AM	H-641

Public Law 2005, chapter 373 balances the right of children to receive necessary health care and the right to spiritual treatment from an accredited practitioner of a recognized religious organization. The law does the following:

1. It adds to the definition of the crime of "endangering the welfare of a child" knowingly depriving a child of necessary health care that places the child in danger of serious harm;
2. It removes the unnecessary word "alone" in the defense to the crime of endangering the welfare of a child or dependent person;
3. It amends the definition of "jeopardy to health or welfare" to a child in the child protective laws to add deprivation of necessary health care that places the child in danger of serious harm; and
4. It repeals an unnecessary and confusing provision regarding reporting to the Medical Examiner under the Maine Revised Statutes, Title 22, section 4013, while leaving in statute the requirement to report a child's death under Title 22, section 3025, subsection 1, paragraph I.

PUBLIC 391 An Act Regarding the Reporting of Hospital and Ambulatory Surgical Center Prices

LD 1411

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CANAVAN MARTIN	OTP-AM	H-660

Public Law 2005, chapter 391 directs the Maine Health Data Organization to develop and produce annual reports on average private-payer payments in health care facilities and to health care practitioners. It directs the Maine Health Data Organization to adopt routine technical rules to establish criteria for services and procedures and to standardize the manner of listing prices by hospitals and ambulatory surgical centers pursuant to the Maine Revised Statutes, Title 22, section 1718.

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PUBLIC 392 An Act Regarding Advertising by Drug Manufacturers and Disclosure of Clinical Trials

LD 1618

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LERMAN	OTP-AM MAJ ONTP MIN	H-661 H-675 LERMAN

Public Law 2005, chapter 392 requires the Department of Health and Human Services to adopt rules incorporating by reference federal laws and regulations concerning misbranded drugs and devices and prescription drug advertising. It requires drug manufacturers to provide information concerning clinical trials of prescription drugs. It requires manufacturers to pay fees that will be used to support overseeing the implementation of the new prescription drug advertising laws, including maintaining links to publicly accessible websites to which manufacturers are posting clinical trial information, assessing harm from drugs to Maine residents and undertaking a public education initiative. The law makes violations of these requirements violations of the Maine Unfair Trade Practices Act, which are subject to a fine of not more than \$10,000. It directs the Department of Health and Human Services to report by January 15, 2007 on compliance with the provisions, the completeness of and ease of public access to information provided by drug manufacturers and the need for further action or legislation to the joint standing committee of the Legislature having jurisdiction over health and human services matters.

PUBLIC 394 An Act To Implement Certain Recommendations of the Commission To Study Maine's Community Hospitals

LD 1673

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAYO	OTP-AM A	S-356
PINGREE	ONTP B OTP-AM C	S-363 MAYO

Public Law 2005, chapter 394 enacts certain recommendations of the Commission to Study Maine's Community Hospitals established in Public Law 2003, chapter 469, which created Dirigo Health. It requires hospitals to submit to the Maine Health Data Organization their annual financial information using an electronic standardized accounting template. It continues voluntary targets for hospitals for hospital entity operating margins; cost increases for a mixed inpatient and outpatient measure; and cost increases for an inpatient-only measure. The operating margin target is not more than 3% applied to the consolidated hospital system. The mixed inpatient and outpatient cost increase target is no more than 110% of the forecasted increase in the hospital market basket index for the coming federal fiscal year. The inpatient-only cost increase target will be negotiated between the Maine Hospital Association and the Governor's Office of Health Policy and Finance and determined no later than October 1, 2005. It instructs the Maine Hospital Association and the Governor's Office of Health Policy and Finance to agree by January 1, 2006 on a timetable, format and methodology for the hospital association to measure and report on outpatient cost-efficiency. The methodology must use the ambulatory payment classification system as the unit of cost. It requests that the Maine Hospital Association develop, by January 1, 2006, standardized definitions of various administrative cost categories that hospitals may use when establishing budgets and reporting spending on administrative costs. It instructs the Governor's Office of Health Policy and Finance to convene a health care administrative streamlining work group to facilitate the creation and implementation of a single portal through which hospitals can access and transmit

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member eligibility, benefit and claims information from multiple insurers. The work group is directed to investigate funding mechanisms, including seeking outside funding for start-up and ongoing operational costs, with the intention that the portal become independent and sustainable over time, and ways to ensure that savings resulting from implementation of such a portal are passed on to purchasers in the form of rate reduction by hospitals and other providers and by reduction in administrative costs by insurers and 3rd-party administrators. The work group may also consider the incorporation of medical and quality data to the extent possible in the future. The work group is directed to submit a report and any necessary suggested legislation to the Governor and the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters no later than November 1, 2006. The law requires review in 2006 of the proposals in the bill that were not enacted by the joint standing committee of the Legislature having jurisdiction over health and human services matters. The law requires that the rule-making provisions of the Maine Administrative Procedure Act apply to rulemaking by the Governor's Office of Health Policy and Finance. The law directs that legislative oversight of Dirigo Health be governed by the joint rules and requires consideration of ensuring thorough and ongoing oversight, normal budgetary procedures and controls and consistency with the subject matter jurisdiction of the joint standing committees.

PUBLIC 401	An Act To Ensure Continuity of Care Related to Implementation of the Federal Medicare Drug Benefit	LD 1325
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<u>Sponsor(s)</u> BRAUTIGAM	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-686
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Public Law 2005, chapter 401 provides for continuity of care related to implementation of the Medicare D prescription drug benefit. The law enacts in a new statutory section the elderly low-cost drug program in order to better organize the statute. It authorizes the Department of Health and Human Services to provide administrative services, information and enrollment and prescription drug services through the elderly low-cost drug program and MaineCare program that coordinate with the benefits that will be available beginning January 1, 2006 under the new Medicare Part D benefit. It requires the department to adopt emergency rules, after receiving advice from a stakeholders group, for the elderly low-cost drug program and the MaineCare program by January 1, 2006.

PUBLIC 402 EMERGENCY	An Act Pertaining to Disclosure of Prescription Drug Prices	LD 1541
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<u>Sponsor(s)</u> WESTON CROSBY	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-639 PINGREE S-292
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Public Law 2005, chapter 402 clarifies details of the reporting of prescription drug pricing, including the methodology of pricing and certification requirements. It maintains current law on confidentiality, extending confidentiality explicitly to information disclosed to an entity under contract to the Department of Health and Human Services and restricting use of disclosed information to the purposes for which it was disclosed. It directs the department to adopt routine technical rules to implement actual price disclosure and certification.

Public Law 2005, chapter 402 was enacted as an emergency measure effective June 17, 2005.

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PUBLIC 403 An Act To Prevent Lead Poisoning of Children and Adults

LD 1034

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DUPLESSIE	OTP-AM MAJ	H-642
MAYO	OTP-AM MIN	S-358 WOODCOCK

Public Law 2005, chapter 403 creates the Lead Poisoning Prevention Fund to support grants, contracts and programs for educational outreach to prevent lead poisoning in children and adults. It imposes a fee of 25¢ per gallon of paint estimated to have been sold in the State during the prior year, to be paid by manufacturers or wholesalers of paint sold in the State, as determined by rule adopted by the Department of Health and Human Services. The law includes a provision that repeals the lead poisoning prevention fee effective July 1, 2011.

PUBLIC 407 An Act To Clarify Entities Eligible for Funding by the Maine EMERGENCY Health and Higher Educational Facilities Authority

LD 1683

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAYO	OTP-AM	S-339
SMITH N		

Public Law 2005, chapter 407 expands the list of entities and facilities that qualify for financing by the Maine Health and Higher Educational Facilities Authority to include certain licensed air ambulances.

Public Law 2005, chapter 407 was enacted as an emergency measure effective June 17, 2005.

PUBLIC 410 An Act To Improve the Child Welfare Ombudsman Function

LD 219

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BROMLEY	OTP-AM	S-371

Public Law 2005, chapter 410 authorizes the child welfare ombudsman program to create records and case-specific reports and designates all information, records and case-specific reports as confidential and subjects disclosure to the provisions of the Maine Revised Statutes, Title 22, section 4008, subsections 2, 3 and 4.

LD 219, as amended, was reviewed and evaluated by the Joint Standing Committee on Judiciary pursuant to MRSA Title 1, §434, which requires review and evaluation of new exceptions to laws governing public records.

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PUBLIC 412 An Act To Further the Transition to the New Department of Health and Human Services

LD 1642

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAYO PINGREE	OTP-AM	S-349

Public Law 2005, chapter 412 furthers the transition to the new Department of Health and Human Services as follows.

1. It eliminates from the law governing salary ranges certain now-defunct positions from the former Department of Human Services and the former Department of Behavioral and Developmental Services.
2. It establishes the salaries of the Deputy Commissioner of Integrated Services and the Deputy Commissioner of Health, Integrated Access and Strategy in the Department of Health and Human Services and lists in statute positions that serve at the pleasure of the Commissioner.
3. It establishes a number of positions as major policy-influencing positions within the Department of Health and Human Services.
4. It establishes within the department the Health, Integrated Access and Strategy Unit; the Operations and Support Unit; the Finance Unit; and the Integrated Services Unit.
5. It directs the Commissioner of Health and Human Services to create a new budget and financial management system and reporting structure for the department.
6. It specifies that the units established within the department assume the functions and duties of the bureaus, divisions and offices established under the Maine Revised Statutes, Title 22 and Title 34-B and the Office of Substance Abuse established under Title 5, chapter 521. It also specifies that the rules, guidelines, policies and manuals adopted or distributed by the former Department of Human Services or the former Department of Behavioral and Developmental Services continue in effect without regard to references to offices, bureaus, divisions, units or employee titles that no longer exist.
7. It adds provisions allowing the commissioner to transfer savings within personal services lines during fiscal year 2005-06 in order to fund reallocations of pay ranges to achieve pay equity, requires the commissioner to report to the Joint Standing Committee on Health and Human Services on the progress towards goals established for the merger of the former Department of Human Services and the former Department of Behavioral and Developmental Services.
8. It requires the child welfare ombudsman program, the long-term care ombudsman program and the Office of Advocacy within the Department of Health and Human Services to report to the committee by February 15, 2006 on ways to maximize their independence, effectiveness and ability to provide consumer advocacy and ombudsman services and long-term budget stability.

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PUBLIC 430 An Act To Prevent the Manufacturing of Methamphetamine in Maine

LD 1601

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
EDMONDS RICHARDSON J	OTP-AM	S-334

Public Law 2005, chapter 430 places several restrictions on over-the-counter decongestant cold medicines that can be used in the toxic chemical process of making the illegal drug methamphetamine. It affects medicines in solid pill or dry form that contain ephedrine, pseudoephedrine or phenylpropanolamine because those products are commonly used to manufacture methamphetamine and defines those products as "targeted methamphetamine precursors."

The law restricts the sale of multiple-dose packages of targeted methamphetamine precursors to blister packs containing no more than 3 grams and allows no more than 3 packages to be sold in a single transaction. It requires targeted methamphetamine precursors to be sold by a pharmacist, pharmacy technician or employee under that person's supervision after the pharmacist's approval and requires that the product be stored in a location that is locked or otherwise not accessible to the public. It authorizes but does not require a pharmacy to request identification and log sales of these products.

The law allows single-dose packages to continue to be sold at any store as long as they are close to and within sight of store staff.

The law allows a pharmacist or pharmacy technician to refuse to make a sale of targeted methamphetamine precursors and to report the situation to a law enforcement agency. It confers immunity from civil liability on a pharmacist or technician who in good faith refuses to sell the drug or who makes a report to a law enforcement agency.

The law designates more than 9 grams of a targeted methamphetamine precursor possessed by a person as a Schedule Z illegal drug and provides an affirmative defense if it is possessed for a legitimate medical purpose. The law requires the Department of Health and Human Services, Office of Substance Abuse to create the Maine Meth Watch Program, based on a national so-called "Meth Watch" program, which helps deter suspicious sales and theft of targeted methamphetamine precursor-containing medicines and other products used in the illegal manufacturing of methamphetamine.

The law authorizes the Director of the Office of Substance Abuse in the Department of Health and Human Services to adopt major substantive rules on further restrictions for the liquid or gel forms of targeted methamphetamine precursors, on mandatory identification and on requiring a purchase log if the Director of the Maine Drug Enforcement Agency finds circumstances that pose a threat to the public health, safety and welfare and the Director of the Office of Substance Abuse has consulted with the joint standing committee of the Legislature having jurisdiction over health and human services matters.

Health and Human Services

P & S 20 An Act To Plan for a Pilot Program for Distributing Unopened Medicines and Medical Supplies LD 129

<u>Sponsor(s)</u> WATSON	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-347
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Private and Special Law 2005, chapter 20 directs the Department of Health and Human Services to begin planning for a pilot program for distributing unopened medicines and medical supplies that are not needed by the person for whom they were purchased and requires a report to the Joint Standing Committee on Health and Human Services prior to operation of the pilot program.

P & S 26 An Act Regarding Access to Prescription Drugs and Reimportation LD 1178

<u>Sponsor(s)</u> BRENNAN BURNS	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> S-293 S-383 GAGNON
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Private and Special Law 2005, chapter 26 reconvenes the Governor's Committee To Study the Feasibility of Importation of Prescription Drugs, and requires a report to the Joint Standing Committee on Health and Human Services. The law authorizes the State to move forward if the United States Congress passes a law allowing drug reimportation or if a federal waiver is granted.

RESOLVE 27 Resolve, To Review Rules for Organ and Tissue Donation LD 55
EMERGENCY

<u>Sponsor(s)</u> BARSTOW ROSEN R	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-238
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Resolve 2005, chapter 27 requires the Department of Health and Human Services to review its rules for organ and tissue donation procurement and to report to the Joint Standing Committee on Health and Human Services by January 31, 2006.

Resolve 2005, chapter 27 was passed as an emergency measure effective May 20, 2005.

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RESOLVE 31 **Resolve, Directing the Department of Health and Human Services To Adopt Rules Regarding the Licensing of New Opioid Treatment Programs** **LD 21**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAZUREK	OTP-AM MAJ ONTP MIN	H-235

Resolve 2005, chapter 31 requires the Department of Health and Human Services, Office of Substance Abuse to adopt rules regarding opioid treatment programs that will clarify certificate of need requirements and provide for meetings prior to licensure and annually after licensure among the programs and municipalities in which they are located and the residents of those municipalities.

RESOLVE 33 **Resolve, To Develop a Partnership To Prevent, Identify and Treat Eating Disorders** **LD 239**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TUTTLE MAYO	OTP-AM	H-240

Resolve 2005, chapter 33 directs the Department of Health and Human Services to convene an eating disorders work group and to report to the Joint Standing Committee on Health and Human Services by November 2, 2005 on inpatient and outpatient resources for preventing, identifying and treating eating disorders.

RESOLVE 34 **Resolve, To Study Initiatives To Increase Access to Dental Services for Children in the MaineCare Program** **LD 5**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MOODY	OTP-AM	H-328

Resolve 2005, chapter 34 directs the Department of Health and Human Services to convene a broadly representative working group to study initiatives to increase access to dental services for children in the MaineCare program. The amendment directs the department to report on the results of the study by the working group by February 1, 2006 to the Joint Standing Committee on Health and Human Services.

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RESOLVE 36 **Resolve, Regarding Legislative Review of Chapter 11:** **LD 9**
EMERGENCY **Registration, Collection and Dissemination of Prescription Data**
Relating to Schedule II, III and IV Drugs, a Major Substantive
Rule of the Department of Health and Human Services, Office of
Substance Abuse

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM	H-236

Resolve 2005, chapter 36 provides for legislative review of Chapter 11: Registration, Collection and Dissemination of Prescription Data Relating to Schedule II, III and IV Drugs, a major substantive rule of the Department of Health and Human Services, Office of Substance Abuse. The resolve approves the rule.

Resolve 2005, chapter 36 was finally passed as an emergency measure effective May 20, 2005.

RESOLVE 44 **Resolve, To Examine Smoking Cessation Programs for Maine's** **LD 769**
Youth

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BARSTOW	OTP-AM	H-345

Resolve 2005, chapter 44 requires the Department of Health and Human Services to review and assess the effectiveness of programs in the State that seek to prevent young people from using or to help young people stop using tobacco products. The resolve requires a report of this review to the Joint Standing Committee on Health and Human Services by January 31, 2006, and authorizes the committee to submit a bill to the Second Regular Session of the 122nd Legislature.

RESOLVE 45 **Resolve, To Alleviate the Negative Impact of Certain Taxes on** **LD 839**
EMERGENCY **Hospitals and Private Nonmedical Institutions**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ANDREWS KAELIN	OTP-AM	S-180

Resolve 2005, chapter 45 directs the Department of Health and Human Services and the Governor's Office of Health Policy and Finance to review the impact of the hospital tax and private nonmedical institution portion of the service provider tax on hospitals and private nonmedical institutions with the goal of alleviating the negative impact on those facilities. The resolve requires a report to the Joint Standing Committee on Health and Human Services by September 1, 2005.

Resolve 2005, chapter 45 was finally passed as an emergency measure effective May 25, 2005.

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RESOLVE 46 **Resolve, Regarding Responsible Management of Point-of-sale Marketing Materials for Tobacco Products** **LD 553**

<u>Sponsor(s)</u> BOWEN	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-343
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Resolve 2005, chapter 46 directs the Department of Health and Human Services, Bureau of Health to develop an education and recognition program to encourage tobacco retailers to manage responsibly point-of-sale marketing materials for tobacco products. The law requires a report by February 1, 2006 to the Joint Standing Committee on Health and Human Services on plans to implement the education and recognition program.

RESOLVE 49 **Resolve, Regarding Legislative Review of Chapter 100:** **LD 1389**
EMERGENCY **Enforcement Procedures, a Major Substantive Rule of the Maine Health Data Organization**

<u>Sponsor(s)</u>	<u>Committee Report</u> OTP	<u>Amendments Adopted</u>
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Resolve 2005, chapter 49 provides for legislative review of Chapter 100: Enforcement Procedures, a major substantive rule of the Maine Health Data Organization and approves that rule.

Resolve 2005, chapter 49 was finally passed as an emergency measure effective May 25, 2005.

RESOLVE 52 **Resolve, To Require the Department of Health and Human Services To Amend Rules Regarding Licensing of Intermediate Care Facilities for Mental Retardation** **LD 382**

<u>Sponsor(s)</u> CROSTHWAITE WESTON	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-342
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Resolve 2005, chapter 52 requires the Department of Health and Human Services to amend its rules pertaining to the licensing of intermediate care facilities for mental retardation in order to eliminate duplicative or nonessential state licensing requirements. Rules adopted to implement these changes are major substantive rules and must be provisionally adopted and submitted to the Joint Standing Committee on Health and Human Services for review no later than January 3, 2006.

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RESOLVE 55 Resolve, To Improve Procedures for Assessing the Mental Health Services Needs of Older Individuals

LD 545

<u>Sponsor(s)</u> ANDREWS RICHARDSON J	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> S-209
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Resolve 2005, chapter 55 directs the Department of Health and Human Services to recommend a procedure for the timely assessment of an older individual's need for mental health services, including recommendations on an efficient, cost-effective data collection process to identify consumer needs for mental health services for older persons, regardless of the setting. The law also requires the Department of Health and Human Services and the Joint Advisory Committee on Select Services for Older Persons, in consultation with other consumers, providers and advocates, to undertake a review and make recommendations on a mental health assessment screen as part of the needs assessment of applicants for long-term care services and several other issues pertaining to the status of mental health services to persons over 60 years of age. The law also directs the department to consult with the Joint Advisory Committee on Select Services for Older Persons, the State Board of Nursing and the Department of Education to review training curricula for direct care workers in all long-term care settings and to recommend revisions to the curricula necessary to include a stronger focus on the identification of and management of behavioral disorders in the long-term care population.

The department and the Joint Advisory Committee on Select Services for Older Persons are required to jointly submit a report, including recommendations on these issues and suggested legislation, to the Joint Standing Committee on Health and Human Services by January 14, 2006.

RESOLVE 60 Resolve, Regarding the Certificate of Need Process

LD 16

<u>Sponsor(s)</u> CARR ROSEN R	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-344
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Resolve 2005, chapter 60 directs the Department of Health and Human Services to undertake a study of the certificate of need process and to report to the Joint Standing Committee on Health and Human Services by January 31, 2006.

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RESOLVE 61 **Resolve, To Require the Department of Health and Human Services To Adopt Rules Regarding Accrual of Cost Savings**

LD 60

<u>Sponsor(s)</u> CROSTHWAITE DAMON	<u>Committee Report</u> OTP-AM	<u>Amendments Adopted</u> H-357
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Resolve 2005, chapter 61 directs the Department of Health and Human Services to provisionally adopt major substantive rules by January 1, 2006 that create incentives for the efficient management of variable costs by intermediate care facilities for mental retardation. The provisionally adopted rules must be submitted for review by the Joint Standing Committee on Health and Human Services during the Second Regular Session of the 122nd Legislature.

RESOLVE 68 **Resolve, Regarding Legislative Review of Portions of Chapter 101:**
EMERGENCY **MaineCare Benefits Manual, Chapter III, Section 97 - Private**
 Non-Medical Institution Services, a Major Substantive Rule of the
 Department of Health and Human Services

LD 1620

<u>Sponsor(s)</u>	<u>Committee Report</u> OTP	<u>Amendments Adopted</u>
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Resolve 2005, chapter 68 provides for legislative review of portions of Chapter 101: MaineCare Benefits Manual, Chapter III, Section 97 - Private Non-Medical Institution Services, a major substantive rule of the Department of Health and Human Services. The resolve approves the rule.

Resolve 2005, chapter 68 was finally passed as an emergency measure effective May 31, 2005.

RESOLVE 69 **Resolve, Regarding Legislative Review of Chapter 270: Uniform**
EMERGENCY **Reporting System for Quality Data Sets, a Major Substantive Rule**
 of the Maine Health Data Organization

LD 1621

<u>Sponsor(s)</u>	<u>Committee Report</u> OTP	<u>Amendments Adopted</u>
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Resolve 2005, chapter 69 provides for legislative review of Chapter 270: Uniform Reporting System for Quality Data Sets, a major substantive rule of the Maine Health Data Organization. The resolve approves the rule.

Resolve 2005, chapter 69 was finally passed as an emergency measure effective May 31, 2005.

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RESOLVE 77 **Resolve, Regarding Clinical Trials of Pharmaceuticals, Treatment Options and Medical Devices** **LD 710**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLS J	OTP-AM MAJ	H-381
	ONTP MIN	

Resolve 2005, chapter 77 directs the Department of Health and Human Services to study the accessibility of information regarding the results of certain clinical trials of pharmaceuticals, treatment options and medical devices and the enrollment of certain persons in those trials. The resolve requires a report by January 30, 2006 to the Joint Standing Committee on Health and Human Services with the results of the study. The resolve requires the Department of Health and Human Services to post on its website links to public information regarding clinical trials of pharmaceuticals, treatment options and medical devices by November 15, 2005.

RESOLVE 83 **Resolve, Directing the Department of Health and Human Services To Study Initiatives for Local Pharmacies Participating in the MaineCare Program** **LD 604**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PERRY A SULLIVAN	OTP-AM	H-556

Resolve 2005, chapter 83 requires the Department of Health and Human Services to study access to drugs in state-sponsored programs and initiatives for local pharmacies participating in the MaineCare program. It requires a report to the Joint Standing Committee on Health and Human Services by September 15, 2005 on the telepharmacy initiative and by January 15, 2006 on all initiatives.

RESOLVE 85 **Resolve, To Establish a Responsive, Community-based, Cost-effective and Comprehensive Adult Mental Health System** **LD 1515**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PINGREE MAYO	OTP-AM	H-479

Resolve 2005, chapter 85 requires the Department of Health and Human Services to ensure that the plan presented to the court to achieve compliance with the Augusta Mental Health Institute Consent Decree Plan and the system transformation plan required in Public Law 2005, chapter 12, Part XXX are consumer-directed, community-based and comprehensive. The resolve also specifies the values and standards, service reform and improvement components and readiness parameters to be used in the transformation of the adult mental health services system. The resolve also requires the Department of Health and Human Services to provide a report and recommendations, including any recommendations of the working group required under section 1 of this resolve, to the Joint Standing Committee on Health and Human Services no later than January 15, 2006.

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RESOLVE 95 **Resolve, Regarding Legislative Review of Chapter 120: Release of** **LD 1390**
EMERGENCY **Data to the Public, a Major Substantive Rule of the Maine Health**
 Data Organization

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM MAJ	H-592
	OTP-AM MIN	

Resolve 2005, chapter 95 provides for legislative review of Chapter 120: Release of Data to the Public, a major substantive rule of the Maine Health Data Organization. It requires that the rules be amended to provide a health care quality exception to the review criteria for requests for clinical data.

Resolve 2005, chapter 95 was finally passed as an emergency measure effective June 7, 2005.

RESOLVE 104 **Resolve, Regarding Increased Reimbursement for Physicians** **LD 1284**
 Caring for MaineCare Members

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARRACHE	OTP-AM	H-569
SNOWE-MELLO		

Resolve 2005, chapter 104 directs the Department of Health and Human Services to convene a working group to develop standards for the distribution of \$3,000,000 in increased physician incentive payment funding in the MaineCare program and to report to the Joint Standing Committee on Health and Human Services by January 15, 2006.

RESOLVE 108 **Resolve, To Develop a Comprehensive Plan for Service Reforms** **LD 863**
 and System Improvements Regarding Children's Services
 Provided by the Department of Health and Human Services

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CRAVEN	OTP-AM	H-610
MAYO		

Resolve 2005, chapter 108 requires the Department of Health and Human Services to develop a comprehensive plan for service reforms and system improvements regarding children's services provided by the department and to submit that plan to the Joint Standing Committee on Health and Human Services and the Children's Mental Health Oversight Committee by January 3, 2006. The department must develop the plan in collaboration with consumers, families, providers and advocates. The plan must address, at a minimum, children's services delivery structures, financing of these services, quality assurance and quality improvement strategies as part of the management of the system and must include certain components and must address system values and standards, reform and system improvement, complex multisystem needs, system readiness and a plan for implementation.

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RESOLVE 112 Resolve, Regarding Discharges from Hospitals

LD 1438

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CURLEY MARTIN	OTP-AM	H-557

Resolve 2005, chapter 112 requires the Department of Health and Human Services to convene a working group to develop hospital discharge guidelines. The guidelines must take into consideration the resources that are available to meet the clinical needs of the patient, the recommendations of the patient's health care provider and the preferences of the patient and patient's family. The resolve requires a report regarding the discharge guidelines to the Joint Standing Committee on Health and Human Services by February 1, 2006.

RESOLVE 113 Resolve, To Increase the Quality of Care and Reduce Administrative Burdens in the Pharmacy Prior Approval Process

LD 1404

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN BRAUTIGAM	OTP-AM	S-332

Resolve 2005, chapter 113 directs the Department of Health and Human Services to undertake a number of initiatives, including rulemaking regarding prior authorization, preferred drug lists and procedures for providers to follow for members of the MaineCare program.

RESOLVE 115 Resolve, Regarding Legislative Review of Chapter 101: Establishment of the Capital Investment Fund, a Major Substantive Rule of the Governor's Office of Health Policy and Finance

LD 33

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM MAJ	H-636
	OTP-AM MIN	H-685 PINGREE

Resolve 2005, chapter 115 provides for legislative review of Chapter 101: Establishment of the Capital Investment Fund, a major substantive rule of the Governor's Office of Health Policy and Finance. The resolve approves the rule if it is amended to add language regarding convening a panel of experts to advise the Governor's Office of Health Policy and Finance, to add public notice and meeting requirements that are similar to those provided in the Maine Administrative Procedure Act, to add as a consideration any unused balance in the Capital Investment Fund from the prior year and to exempt hospital and nonhospital projects that are funded fully with public funding from the limit on resource allocations imposed by the Capital Investment Fund.

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RESOLVE 117 **Resolve, To Establish the Blue Ribbon Commission on the Future**
EMERGENCY **of MaineCare**

LD 835

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CURLEY	OTP-AM	H-523
ROTUNDO		S-381 GAGNON

Resolve 2005, chapter 117 creates the Blue Ribbon Commission on the Future of MaineCare. The commission, composed of 10 persons, is directed to study the MaineCare program and make recommendations on how to improve the quality, adequacy, effectiveness and delivery of services under the program in the most cost-effective manner possible in an effort to ensure its sustainability over time, including various options for providing coverage for persons in need of health care services. In conducting this study, the commission is required to make recommendations about the extent to which MaineCare is meeting its current and future responsibilities; review the effectiveness of various models in financing and providing health care coverage to low-income and vulnerable populations; study and report on eligibility levels, service benefits, expenditures and other factors affecting future costs under the MaineCare program; estimate future program costs; review and summarize the economic impact of MaineCare, including its role in maintaining Maine's health care provider network; provide an analysis of changes in funding and health care policy at the federal level, including changes in the federal match rate formula and how such changes will affect MaineCare; and review and make recommendations related to actions taken by the federal Bipartisan Commission on Medicaid and the Medically Underserved.

Commission staffing may be provided by the Office of Policy and Legal Analysis and the Office of Fiscal and Program Review. The Department of Health and Human Services, the Governor's Office of Health Policy and Finance, the Maine Health Data Organization and the Maine Health Data Processing Center are directed to provide information and assistance as requested. The commission is required to provide a report and any accompanying legislation by December 7, 2005. The commission is authorized to accept outside funds to fund any necessary expenses of the commission beyond legislative per diem and expenses of commission members.

Resolve 2005, chapter 117 was finally passed as an emergency measure effective June 21, 2005.

RESOLVE 121 **Resolve, Establishing The Task Force To Study Cervical Cancer**
EMERGENCY **Prevention, Detection and Education**

LD 1302

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARRACHE	OTP-AM	H-570
PLOWMAN		S-325 MAYO
		S-385 GAGNON

Resolve 2005, chapter 121 establishes the Task Force to Study Cervical Cancer Prevention, Detection and Education to raise public awareness of the causes and nature of cervical cancer, personal risk factors, value of prevention, early detection, options for testing, treatment costs, new technology and medical care reimbursement. The task force is also charged with several other duties, including, but not limited to, identifying preventive strategies and new technologies, including newly introduced vaccines that are effective in preventing and controlling the risk of cervical cancer. The law requires an initial report by November 15, 2005

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and a final report by November 15, 2006 and authorizes the joint standing committee of the Legislature having jurisdiction over health and human services matters to report out legislation. The Task Force to Study Cervical Cancer Prevention, Detection and Education is required to seek outside funds to fully fund all costs of the task force.

Resolve 2005, chapter 121 was finally passed as an emergency measure effective June 21, 2005.